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Bib Data Sheet

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| SERIAL NUMBER 10/820,090 | FILING OR 371(c) DATE 04/07/2004 RULE | CLASS 119 | GROUP ART UNIT 3644 | ATTORNEY DOCKET NO. 065913.00002 |
| APPLICANTS H. Kenneth Holyoak, Alapaha, GA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/460,968 04/07/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/23/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GA | SHEETS DRAWING 8 | TOTAL CLAIMS 17 |
| | | | INDEPENDENT CLAIMS 5 | |
| ADDRESS Mr. H. Kenneth Holyoak P.O. Box 449 Alapaha, GA31622 | | | | |
| TITLE ACTIVATED FEED THROUGH, FEEDING SYSTEMS INCORPORATING SAME, AND METHODS OF USE OF SAME | | | | |
| FILING FEE RECEIVED 771 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |